

CHAPTER 3

SECTION 13.6

ABORTIONS

Issue Date: April 19, 1983

Authority: Defense Appropriation Act, Fiscal Year 1982 and Subsequent Years

I. PROCEDURE CODE RANGE

59100, 59840-59899, 59820, 59821, 59812, 59160

II. DESCRIPTION

Abortion means the premature stoppage of a pregnancy. An elective abortion means the intentional termination of pregnancy by artificial means done for a purpose other than that of producing a live birth.

III. POLICY

A. Payment for elective abortions is prohibited by law unless the life of the mother would be endangered if the fetus were carried to term. Payment is limited to the following conditions which may result in a significant mortality risk should the pregnancy be continued:

1. Malignancies (e.g., leukemia, lymphoma) indicating that the patient requires treatment with chemotherapeutic agents or radiotherapy, i.e., teratogenic drugs.
2. Malignancies (e.g., carcinoma of the breast) influenced by placental hormones/estrogen.
3. Renal failure and/or nephritis.
4. Diabetes mellitus in patients with significant hypertension, renal or cardiovascular disease.
5. Congestive heart failure, regardless of underlying heart disease (e.g., congenital, rheumatic, coronary, hypertensive).
6. Severe cardiac disease without congestive heart failure (e.g., Eisenmenger's, tetralogy, coronary artery disease, cardiac myopathy, and acute rheumatic carditis).
7. Pulmonary insufficiency that fails to respond to appropriate therapy.

8. Malignant hypertension (progressive; diastolic pressure at least 120 mm Hg, with retinopathy).

9. Primary pulmonary hypertension.

10. Seizures uncontrolled with therapeutic blood levels of analeptic.

11. Severe myasthenia gravis (e.g., with respiratory embarrassment).

12. Crohn's disease or ulcerative colitis not responsive to therapy.

13. Budd-Chiari syndrome.

14. Sick cell anemia.

15. Life threatening conditions with concurrent use of, and requiring continued treatment with, teratogenic drugs.

16. Past history of severe isoimmunization in a prior pregnancy.

17. Thromboembolic disorders.

18. Clotting defects.

19. Prior history of acute fatty liver.

B. Spontaneous, missed or threatened abortions and abortions related to ectopic pregnancies, including all related services and supplies as medically necessary, may be cost-shared.

C. Services which are medically necessary because of fetal demise may be cost-shared. Documentation must accompany the claim which verifies that the death was from natural causes and not intentionally brought on by human intervention.

D. Dilatation and Curettage (D&C) and Dilatation and Evacuation (D&E), when performed as surgical treatment for a medically necessary gynecological diagnosis or for abortions meeting the guidelines within this issuance may be cost-shared. If the diagnosis on the claim form is unspecified abortion, the contractor shall develop the claim to determine if the abortion meets the guidelines within this issuance.

IV. EXCLUSIONS

A. Services or supplies related to a noncovered abortion, including complications, i.e., uterine perforation, hemorrhage, or D&C for placental retention may not be cost-shared. If, however, a complication results from a separate medical condition, cost-sharing may be allowed for the otherwise covered treatment. A separate medical condition exists when it causes a systemic effect, or occurs in a different body system from the noncovered treatment.

B. Abortions for D&C and D&E when the life of the woman would not be endangered if the fetus were carried to term may not be cost-shared.

C. Abortions for fetal abnormality (e.g., anencephalic) or for psychological reasons (i.e., threatened suicide) may not be cost-shared.

D. Abortion counseling or referral, related to covered or noncovered abortions may not be cost-shared.

V. POLICY CONSIDERATIONS

A. To help ensure compliance with Congressional intent, the contractor, when suspending induced abortion claims for medical review, shall request a certification from the attending physician. The certification is to read as follows:

I, (name of physician performing abortion), hereby certify that the abortion was performed because the woman was suffering from a condition (specify condition) which would have endangered her life if the fetus were carried to term.

This written certification is required prior to payment for an abortion. The certification is not required for noncovered abortions.

B. Procedural guidelines for claims review processing of abortion services are contained in [OPM Part Two, Chapter 1, Section IV.J.5](#).

VI. EFFECTIVE DATE

June 5, 1981, for beneficiaries of the Department of Health and Human Services (includes the Coast Guard, Commissioned Corps of the Public Health Service and the National Oceanic and Atmospheric Administration).

December 29, 1981, for beneficiaries of the Department of Defense (includes Army, Navy, Air Force and Marine Corps).

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